MHK

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	COURT CASE NUMBER
Antoine McGee	08C1020

DEFENDANT	TYPE OF PROCESS
Joseph Burke, et al.	S/C

SERVE ➤

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Mark Wilson, Lieutenant, Stateville Correctional Center

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT Stateville Corr. Center, C/O K. Sandlin, Legal Dept. P.O. Box 112 Joliet, IL 60434

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Antoine McGee-#B-39819
Hill Correctional Center
P.O. Box 1700
Galesburg, IL 61401

Number of process to be served with this Form - 285	1
Number of parties to be served in this case	11
Check for service on U.S.A.	0

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold   Fold

FILED
3 - 31 - 2008
MAR 3 1 2008 YM

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

Signature of Attorney or other Originator requesting service on behalf of:	☒ PLAINTIFF ☐ DEFENDANT	TELEPHONE NUMBER	DATE 03-03-08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk		Date
	2/11	No. 24	No. 24	Td		03-03-08

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of Individual served (if not shown above)		☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Received Signed waiver from Mark Wilson + Certified Receipt of delivery (green card)

Date of Service	Time	
3/7/08		am / pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
0	0	9.40	9.40	.0	9.40	0

REMARKS: Mailed Certified mail w/waiver
7007 0710 9600 0917

PRIOR EDITIONS MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)

Form AO-399 (Rev. 05/00)

UNITED STATES DISTRICT COURT

_____
(DISTRICT)

Waiver of Service of Summons

TO: Antoine McGee _____
(NAME OF PLAINTIFF'S ATTORNEY OR UNREPRESENTED PLAINTIFF)

I, Mark Wilson _____ acknowledge receipt of your request that I waive

(DEFENDANT NAME)

service of summons in the action of Antoine McGee vs. Joseph Burke, et al. _____

(CAPTION OF ACTION)

which is case number 08C1020 _____ in the United States District Court for the

(DOCKET NUMBER)

Northern District of Illinois _____ .

(DISTRICT)

I have also received a copy of the complaint in the action, two copies of this instrument, and a means by which I can return the signed waiver to you without cost to me.

I agree to save the cost of service of a summons and an additional copy of the complaint in this lawsuit by not requiring that I (or the entity on whose behalf I am acting) be served with judicial process in the manner provided by Rule 4.

I (or the entity on whose behalf I am acting) will retain all defenses or objections to the lawsuit or to the jurisdiction or venue of the court except for objections based on a defect in the summons or in the service of the summons.

I understand that a judgment may be entered against me (or the party on whose behalf I am acting) if an answer or motion under Rule 12 is not served upon you within 60 days after March 03, 2008 _____

(DATE REQUEST WAS SENT)

or within 90 days after that date if the request was sent outside the United States.

3/17/08 _____   _Mark Wilson_____
DATE   SIGNATURE

Printed/Typed Name: _MARK Wilson_____

As _____ of _____
     TITLE   CORPORATE DEFENDANT

Duty to Avoid Unnecessary Costs of Service of Summons

Rule 4 of the Federal Rules of Civil Procedure requires certain parties to cooperate in saving unnecessary costs of service of the summons and complaint. A defendant located in the United States who, after being notified of an action and asked by a plaintiff located in the United States to waive service of summons, fails to do so will be required to bear the cost of such service unless good cause be shown to its failure to sign and return the waiver.

It is not good cause for a failure to waive service that a party believes that the complaint is unfounded, or that the action has been brought in an improper place or in a court that lacks jurisdiction over the subject matter of the action or over its person or property. A party who waives service of the summons retains all defenses and objections (except any relating to the summons or to the service of the summons), and may later object to the jurisdiction of the court or to the place where the action has been brought.

A defendant who waives service must within the time specified on the waiver form serve on the plaintiff's attorney (or unrepresented plaintiff) a response to the complaint and must also file a signed copy of the response with the court. If the answer or motion is not served within this time, a default judgment may be taken against the defendant. By waiving service, a defendant is allowed more time to answer than if the summons had been actually served when the request for waiver of service was received.

RETURN OF SERVICE

Service of the Summons and Complaint was made by me:^	DATE 3/17/08
NAME OF SERVER (Print) Kathy Sandio	TITLE Lit Coord

Check one box below to indicate appropriate method of service:

[X] Served personally upon the defendant. Place where served: P.O. Box 112, Joliet, Ill

[ ] Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: _____

[ ] Returned unexecuted: _____

[ ] Other (specify): _____

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on __3/17/08__   __Kathy Sandin__
                Date   Signature of Server

__P.O. Box 112, Joliet, Ill__
Address of Server

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Stateville Correctional Center
C/o Kathy Sandlin, Legal Dept.
P.O. Box 112
Joliet, IL 60434

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X _____ ☐ Agent
                ☐ Addressee

B. Received by (Printed Name)   C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
   If YES, enter delivery address below: ☐ No

3. Service Type
   ☒ Certified Mail   ☐ Express Mail
   ☐ Registered   ☐ Return Receipt for Merchandise
   ☐ Insured Mail   ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)   ☐ Yes

2. Article Number
   (Transfer from service label)   7007 0710 0000 9600 0917

PS Form 3811, February 2004   Domestic Return Receipt   102595-02-M-1540